

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-002

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

- a. FFY 2002 (\$175,668)
b. FFY 2003 (\$175,668)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 9(a) to ATTACHMENT 2.6-A
Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Supplement 9(a) to ATTACHMENT 2.6-A
Page 3

10. SUBJECT OF AMENDMENT:

Transfer of Assets

11. GOVERNOR'S REVIEW (*Check One*):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Dennis Braddock

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:

3-21-03

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 21 2003

18. DATE APPROVED: JUN - 4 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Ram S. O'Connor

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

TESTIMONY 3/20 • Olympia

State: Washington

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care

- a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

 Does not impose a penalty;

XX Imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

- b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

 Does not impose a penalty;

XX Imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap

The agency:

 Totals the value of all assets transferred to produce a single penalty period;

XX Calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap

The agency:

XX Assigns each transfer its own penalty period;

 Uses the method outlined below: